## HAND DELIVERED

2016 JUN 28 PH 4: 21

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COMMITTEE'S E-MA	NL ADDRES	SS (Please	provide only	one e-m	ail addre	ss)						
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certify that I have e	xamined th	is Stateme	nt and to th	e best o	f my kno	wiedge and	belief it is	true, c	orrect and	d complete.		
Type or Print Name o	of Treasurer	Edv	ward M	1. Or	let		<del></del>			<del></del>	<u></u>	
Signature of Treasure	7	5)		2			ڧ	ate	06"	28°	2016	<u> </u>
IOTE: Submission of fa			omplete inforr GE IN INFO							penalties o	1 2 U.S.C. §	437g.
Office Use					Fed	further information (Information Control Election Control	Commission -9530	act:		FEC FO		